



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

09/21/2012

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

**EPA I.D. NUMBER:** NYR000196618

**INSTALLATION NAME:** UNION CARBIDE CORPORATION - NIACET SITE REMEDIATION

**INSTALLATION ADDRESS :** 400 47TH ST - SURROUND OUTDOOR  
AREAS WITH IMPACTED SOILS  
NIAGARA FALLS, NY 14304

**MAILING ADDRESS :** PO BOX 8361  
SOUTH CHARLESTON, WV 25303

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-4437**

**TO: UNION CARBIDE CORPORATION - NIACET SITE REMEDIATION  
or Current Occupant  
ATTN: TIMOTHY KING  
PO BOX 8361  
SOUTH CHARLESTON, WV 25303**

New #

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II

2012 SEP 7 PM 12:33

RCRA PROGRAMS  
BRANCHSEND  
COMPLETED  
FORM TO:  
The Appropriate  
State or Regional  
Office.United States Environmental Protection Agency  
RCRA SUBTITLE C SITE IDENTIFICATION FORM1. Reason for  
SubmittalMARK ALL  
BOX(ES) THAT  
APPLY

## Reason for Submittal:

- ☒ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☐ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # \_\_\_\_\_)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
- ☐ Site was a TSD facility and/or generator of  $\geq 1,000$  kg of hazardous waste,  $>1$  kg of acute hazardous waste, or  $>100$  kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

2. Site EPA ID  
Number

EPA ID Number NYR 000 196 618

## 3. Site Name

Name: Union Carbide Corporation- Niacet Site Remediation

4. Site Location  
Information

Street Address: 400 47th Street - Surrounding Outdoor Areas with Impacted Soils

City, Town, or Village: Niagara Falls

County: Niagara

State: NY

Country: US

Zip Code: 14304

## 5. Site Land Type

☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other6. NAICS Code(s)  
for the Site  
(at least 5-digit  
codes)

A. 3 2 5 1 9 9

C. 3 2 5 1 8 8

B. 3 2 5 6 1 3

D. 3 2 5 4 1 1

7. Site Mailing  
Address

Street or P.O. Box: PO BOX 8361

City, Town, or Village: South Charleston

State: WV

Country: US

Zip Code: 25303

8. Site Contact  
Person

First Name: Timothy

MI: A

Last: King

Title: Remediation Lead

Street or P.O. Box: PO BOX 8361

City, Town or Village: South Charleston

State: WV

Country: US

Zip Code: 25303

Email:

Phone: 3047473763

Ext.:

Fax:

9. Legal Owner  
and Operator  
of the Site

A. Name of Site's Legal Owner: Niacet Corporation

Date Became  
Owner: 01/01/1978Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Street or P.O. Box: 400 47th Street

City, Town, or Village: Niagara Falls

Phone: 716-285-1474

State: NY

Country: US

Zip Code: 14304

B. Name of Site's Operator: Union Carbide Company

Date Became  
Operator: 05/30/2001Operator  
Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Rec 9/12/12. Called & emailed 9/12/12. MR. Cabin requested permanent ID# as project will most likely last for over 1 yr.

**10. Type of Regulated Waste Activity (at your site)**Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☒ N ☐

- ☒ 2. **Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- ☐ 3. **United States Importer of Hazardous Waste**

Y ☐ N ☒

- ☐ 4. **Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☒

- ☐ 5. **Transporter of Hazardous Waste**  
If "Yes", mark all that apply.

- ☐ a. Transporter  
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

- ☐ 6. **Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒

- ☐ 7. **Recycler of Hazardous Waste**

Y ☐ N ☒

- ☐ 8. **Exempt Boiler and/or Industrial Furnace**  
If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption  
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒

- ☐ 9. **Underground Injection Control**

Y ☐ N ☒

- ☐ 10. **Receives Hazardous Waste from Off-site**

**B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒

- ☐ 1. **Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐  
b. Pesticides ☐  
c. Mercury containing equipment ☐  
d. Lamps ☐  
e. Other (specify) \_\_\_\_\_ ☐  
f. Other (specify) \_\_\_\_\_ ☐  
g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☒

- ☐ 2. **Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**Y ☐ N ☒

- ☐ 1. **Used Oil Transporter**  
If "Yes", mark all that apply.

- ☐ a. Transporter  
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

- ☐ 2. **Used Oil Processor and/or Re-refiner**  
If "Yes", mark all that apply.

- ☐ a. Processor  
☐ b. Re-refiner

Y ☐ N ☒

- ☐ 3. **Off-Specification Used Oil Burner**

Y ☐ N ☒

- ☐ 4. **Used Oil Fuel Marketer**  
If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
**See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D009						

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.




OMB#: 2050-0024; Expires 12/31/2014

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

### 13. Comments

>There are no public streets between the remediation areas and the Niacet facilities.

Signature of legal owner, operator, or an authorized representative

Date Signed  
(mm/dd/yyyy)

Timothy A. King/Remediation Lead

9/5/12



77 Goodell Street  
Buffalo, New York 14203  
TEL: (716) 856-5636 FAX: (716) 856-2545

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II

2012 SEP -7 PM 12:33

RCRA PROGRAMS  
BRANCH

**Letter of Transmittal**

**To:** USEPA Region 2  
DEPP – RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866

**Date:** September 6, 2012

**Job No.:** 41568531

**Attention:** RCRA Notifications

**RE:** RCRA Subtitle C Site Identification

SENDING	TRANSMITTED	VIA
<input type="checkbox"/> ORIGINALS	<input type="checkbox"/> FOR APPROVAL	<input type="checkbox"/> HAND DELIVERY
<input type="checkbox"/> PRINTS	<input checked="" type="checkbox"/> FOR YOUR USE	<input type="checkbox"/> U.S. MAIL
<input type="checkbox"/> COMPUTER DISKS	<input type="checkbox"/> AS REQUESTED	<input checked="" type="checkbox"/> FED EX
<input checked="" type="checkbox"/> DOCUMENTS	<input type="checkbox"/> FOR REVIEW AND COMMENT	<input type="checkbox"/> COURIER
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> ELECTRONIC FILE TRANSFER

COPIES	DATE	DESCRIPTION
1	September 2012	RCRA Subtitle C Site Identification Form – Initial Notification Union Carbide Corporation – Niacet Site Remediation

Remarks:

Colin Wasteney, P.G.  
Project Manager

Copies to: File: 41568531